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FEC FORM 2

STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) Alina Irene Valdes, MD			2. Identification Number H6FL25027	
(b) Address (number and street) P.O. Box 823297		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Pembroke Pines, FL 33082-3297		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation Democrat	5. Office Sought U.S. House	6. State & District of Candidate FL 25		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2018 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Alina Valdes for Congress
(b) Address (number and street) P.O. Box 823297
(c) City, State, and ZIP Code Pembroke Pines, FL 33082-3297

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) N/A
(b) Address (number and street) N/A
(c) City, State, and ZIP Code N/A

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate 	Date 05/05/2017
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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FEC FORM 2 (REV. 12/2008)

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PREPARER

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